

MULTIPLE-CHOICE QUESTIONS

(Note: Our directions to students for multiple-choice questions are, "Select the best answer from among the options provided." Items marked "WWW" are posted on the companion website for this book at www.cengagebrain.com to use as practice quizzes.)

1. "Death education" has to do with
 - * a. teaching and learning about death, dying, and bereavement
 - b. exposing the dangers of "thanatology"
 - c. teaching and learning about life after death
 - d. all of these
 - e. none of these(p. 2)
2. *The Dead Bird* is a story book about
 - * a. finding the body of a dead bird and burying it
 - b. a child whose friend was killed in an automobile accident
 - c. the illness and death of a school child
 - d. the death of the son of a child's teacher
 - e. none of the above(p. 3)
3. In the vignette at the beginning of Chapter 1 a children's librarian gave examples of books for children about topics including:
 - a. conducting an autopsy on the body of a dead bird
 - b. a child whose friend was killed in an automobile accident
 - c. the illness and death of a school child
 - d. the death of the son of a child's teacher
 - * e. grandparents and animals(p. 3)
4. The children's librarian in the vignette at the beginning of Chapter 1 gave examples of death-related books for children about:
 - a. an elephant facing death
 - * b. a pirate who had a pet that died
 - c. a grandmother who described the death of her granddaughter
 - d. all of these
 - e. none of these(p. 3)
5. The children's librarian in the vignette at the beginning of Chapter 1 warned us about death-related books for children that:
 - a. recommended the prompt replacement of a pet that died
 - b. depended upon stage theories of grief
 - c. equated death with sleep
 - * d. all of these
 - e. none of these(p. 3)WWW
6. The ending of the story of *Little Red Riding* was changed apparently because some
 - a. thought that the original ending was too gentle to Little Red Riding Hood herself
 - b. wanted to emphasize the party at the end of later versions
 - c. sought to be gentler to the wolf in later endings
 - d. all of these
 - * e. none of these(pp. 3-4)
7. The ending of the story of Little Red Riding was changed apparently because some
 - a. thought that the original ending was too gentle to Little Red Riding Hood herself
 - b. wanted to emphasize the party at the end of later versions
 - c. wanted to remove Grandmother from the later endings
 - * d. thought that children would be upset by human death in the first version of the story

- e. sought to be kinder to the wolf in later endings (pp. 3-4)
8. Focus On 1.1 describes three versions of what really happened to Little Red Riding Hood. What did happen, according to these versions?
- a. the wolf ate Little Red Riding Hood up
 - b. a woodsman killed the wolf with an axe, cut him open, and out stepped Little Red Riding Hood
 - c. a hunter shot the wolf before he could reach Little Red Riding Hood
 - * d. all of these
 - e. none of these (p. 4)
9. To say that death was a “taboo topic” in American society during the 1960s and early 1970s means that
- * a. a fundamental and defining aspect of human life had largely been removed from investigation and critical study
 - b. this subject is a branch of “thanatology”
 - c. this topic is most closely associated with sorcery and witchery
 - d. all of these
 - e. none of these (p. 5)
10. “Thanatology” is
- a. the study of taboo topics
 - b. the examination of Greek origins of words
 - c. a way of exploring literature for children
 - * d. the study of death-related topics
 - e. none of these (p. 5)
11. According to our textboook, “thanatology”
- a. refers to myths about death
 - b. is an ancient Latin word referring to obsession with death
 - * c. comes from two Greek words and refers to a scientific study of death
 - d. began as a science in the eighteenth century
 - e. refers to a dying science (p. 5)
12. The modern death awareness movement, emphasizing research and writing about death-related experiences, began around
- a. the end of the 19th century
 - b. the third decade of the twentieth century
 - c. the early 1800s
 - * d. the late 1950s through the early 1970s
 - e. 1985 (p. 5)
13. The beginning of the modern death awareness movement involved
- a. new programs of care for the dying
 - b. research on attitudes toward death
 - c. new ways of assisting bereaved persons
 - * d. all of these
 - e. none of these (p. 5)
14. A person who enrolls in a course in the field of death, dying, and bereavement because his or her Grandmother is terminally ill is primarily expressing a concern about:
- a. vocational reasons
 - * b. a current death-related experience
 - c. intellectual curiosity about the subject
 - d. the aftermath of an unresolved death-related experience
 - e. all of these (p. 5)

15. A person who enrolls in a course in the field of death, dying, and bereavement because of distress about someone's death a year earlier is primarily expressing a concern about:

- a. vocational reasons
- b. a current death-related experience
- c. intellectual curiosity about the subject
- * d. an unresolved death-related experience
- e. all of these

(p. 5)

16. A person who enrolls in a course in the field of death, dying, and bereavement in order to be better prepared to work as a nurse is primarily expressing a concern about:

- * a. vocational reasons
- b. a current death-related experience
- c. intellectual curiosity about the subject
- d. an unresolved death-related experience
- e. all of these

(p. 5)

17. A person who enrolls in a course in the field of death, dying, and bereavement because "no important person in my life has yet died but I am concerned about what that experience might be like" is primarily expressing a concern about:

- a. vocational reasons
- b. a current death-related experience
- * c. intellectual curiosity about the subject
- d. an unresolved death-related experience
- e. all of these

(p. 6)

18. Death education needs to develop special sensitivity and compassion for its participants because

- a. they are likely to be at high risk for suicidal behavior
- b. they are interested in these subjects for vocational reasons
- c. they may display morbid or unhealthy tendencies
- * d. they may have been recently or currently impacted by a death-related experience
- e. they may need therapy in the classroom setting

(p. 6-7)WWW

19. College courses on death, dying, and bereavement are examples of

- * a. formal education
- b. informal education
- c. team teaching
- d. death-related counseling
- e. none of these

(p. 6)

20. Education about death, dying, and bereavement arising out of interactions within a family or similar social group is

- a. formal education
- * b. informal education
- c. team teaching
- d. death-related counseling
- e. none of these

(p. 8-9)

21. The booklet, *Lessons from Lions*, uses slides from the Disney movie, *The Lion King* to encourage discussions about such common but unhelpful reactions following a loss as:

- a. acknowledging that a bad thing has happened
- * b. never telling anyone about your grief reactions
- c. facing the problem and the pain you are experiencing

- d. all of these
 - e. none of these (pp. 7-8)
22. When children learn about death by finding, touching, and burying a dead bird in the woods, their experience illustrates the potential of
- a. formal education
 - * b. teachable moments
 - c. a near-death experience
 - d. vocational motivation
 - e. self-centered behavior (p. 9)WWW
23. Deaths resulting from a natural disaster or an automobile accident
- a. should never be used as a basis for education about death and grief with children younger than eight years old
 - * b. can provide "teachable moments" for a discussion with children about death and grief
 - c. should not be used as a form of formal education in a classroom with children younger than twelve years old
 - d. should only be discussed with children by their parents
 - e. are too traumatic to serve as subjects in the formal education of children (p. 9)
24. Death education typically involves four central dimensions:
- a. physical, psychological, social, and spiritual
 - * b. cognitive, affective, behavioral, and valuational
 - c. religious, medical, intrapersonal, and interpersonal
 - d. all of these
 - e. none of these (pp. 9-10)
25. The use of audiovisuals in a death and dying course can be an example of which dimension of death-related education?
- a. affective
 - b. behavioral
 - c. cognitive
 - d. valuational
 - * e. all of these (pp. 9-10)
26. When a death and dying course imparts information about death-related experiences and issues, this exemplifies which dimension of death-related education?
- a. affective
 - b. behavioral
 - * c. cognitive
 - d. effective
 - e. valuational (p. 10)
27. When a death and dying course discusses specific diseases and describes mortality statistics, this exemplifies which dimension of death-related education?
- a. affective
 - b. behavioral
 - * c. cognitive
 - d. effective
 - e. valuational (p. 10)
28. When a death and dying course tries to sensitize the non-bereaved to the depth and complexities of grief, this exemplifies which dimension of death-related education?
- * a. affective
 - b. behavioral
 - c. cognitive

- d. effective
- e. valuational

(p. 10)

29. In studying the "affective dimension" of death education

- a. one studies beliefs and teachings about life after death
- b. one examines how the death of someone loved will affect a survivor's behavior
- c. one must be totally objective about someone's personal beliefs about an after-life
- * d. one studies feelings, emotions and attitudes about death, dying and bereavement
- e. none of the above

(p. 10)WWW

30. When a death and dying course shows how people actually do respond in death-related situations, this exemplifies which dimension of death-related education?

- a. affective
- * b. behavioral
- c. cognitive
- d. effective
- e. valuational

(pp. 10-11)

31. When a death and dying course explores statements such as "life is sacred" or "life is absolute," this exemplifies which dimension of death-related education?

- a. affective
- b. behavioral
- c. cognitive
- d. effective
- * e. valuational

(p. 11)

32. To say "We would not have this life as we know it if death were not one of its essential parts" is to point most directly to which of the following dimensions of death-related education?

- a. affective
- b. behavioral
- c. indubitable
- d. effective
- * e. valuational

(p. 11)

33. Taking a course on death, dying, and bereavement and then continuing to have multiple sex partners without appropriate precautions against infection is

- a. appreciating the personal significance of death education
- b. exhibiting consistency between knowledge and actions
- c. other-centered behavior
- d. all of these
- * e. none of these

(pp. 11-13)

34. Visiting a grieving mother to offer support after her son's sudden death from a car accident is

- a. an outward expression of personal feelings and beliefs
- b. an example of a behavior admired in death education
- c. showing awareness of affective needs of the bereaved
- * d. all of these
- e. none of these

(p. 12)

35. The letter from Mrs. Koerner reproduced in Personal Insights 1.1 thanked the instructor of a course on death and dying for

- a. helping people to understand grief
- * b. teaching people how to die
- c. preparing physicians and nurses to care for those who are dying

- d. giving challenging examinations
 - e. engaging in informal death education (pp. 11-12)
36. Socrates is reported to have said, "The really important thing is not to live, but to live well." This supports which of the following goals of death education:
- a. to assist individuals in appreciating how development across the human life course interacts with death-related issues
 - b. to enhance the ability of individuals to communicate effectively about death-related matters
 - c. to prepare individuals for their public roles as citizens
 - d. to help modern societies understand assisted suicide and euthanasia
 - * e. to enrich the personal lives of individuals (p. 12)
37. When death education helps people make individual choices about health care and funeral services, it is serving which of the following goals?
- a. preparing individuals for their public roles as citizens and professionals in society
 - * b. informing and guiding people in their personal transactions with society
 - c. enriching the personal lives of participants
 - d. all of these
 - e. none of these (p. 12)WWW
38. When death education contributes to policy making in matters like advance directives and organ transplantation, it is serving which of the following goals?
- * a. preparing individuals for their public roles as citizens and professionals within a society
 - b. informing and guiding individuals in their personal transactions with society
 - c. enriching the personal lives of participants
 - d. all of these
 - e. none of these (p. 12)
39. Our textbook suggests that studying death, dying, and bereavement can help us learn about:
- a. vulnerability and resilience
 - b. individuals and communities
 - c. control and limitations
 - * d. all of the above
 - e. none of the above (pp. 13-14)
40. The title of the group "Make Today Count" parallels which goal of death education?
- a. preparing individuals for their public roles as citizens and professionals in society
 - b. informing and guiding individuals in their personal transactions with society
 - * c. enriching the personal lives of participants
 - d. all of these
 - e. none of these (p. 14)

SHORT ANSWER QUESTIONS

41. Discuss two lessons that you would draw for our course from the calligraphic image on p. 2 in our textbook. (p. 2)
42. What concerns led you to enroll in a course on death, dying, and bereavement? How do your concerns relate to those described in Chapter 1 in our textbook? (pp. 5-6)
43. Explain the difference between formal and informal education in the field of death, dying, and bereavement. Give a specific example of each of these types of

education.

(pp. 7-9)

44. Explain the concept of a "teachable moment." Give an example of such a moment as a form of death education. (p. 9)
45. Read the letter in Personal Insights 1.1. Comment thoughtfully on what the author is saying and what the recipient might think. (p. 12)

ESSAY QUESTIONS

46. Explain the meanings of the terms "death education" and "thanatology." Show how they are or are not related. (pp. 2 & 5)
47. Identify and explain four of the six concerns mentioned in our textbook that might lead people to the study of death-related subjects. (pp. 5-6)
48. Identify and explain the four central dimensions of death education described in Chapter 1 in our textbook. Give a specific example of each. (pp. 9-11)
49. Identify and explain four of the principal goals of death education described in Chapter 1 in our textbook. Give an example of each. (pp. 11-13)
50. Identify and explain three of the lessons about life and living that are described in Chapter 1 in our textbook as resulting from the study of death, dying, and bereavement. Give a specific example of each. (pp. 14-14)
51. (A question designed to be used when Chapter 1 is taught at the end of a course on death, dying, and bereavement.) Attig (1981) has argued that educators in the field of death, dying, and bereavement have a responsibility of providing care for their students. Give one concrete example of a way in which this responsibility was implemented in your course on death, dying, and bereavement. Explain your answer. (pp. 6-7)

CHAPTER TWO

CHANGING ENCOUNTERS WITH DEATH

TOPICAL OUTLINE

- The rapid decline of a man who died as a result of advanced lung cancer brought on by cigarette smoking just nine weeks after his 34th birthday at which time he seemed to be in good health
- Encountering death: overall number of deaths and death rates in the United States, 2007
- Broad patterns in contemporary American encounters with death:

Death rates: changes from 1900-2007; gender and class differences; differences in infant and maternal mortality

Average life expectancy: in the United States as of 2007; gender and racial differences

Causes of death: leading causes of death in the United States, changes from mainly communicable diseases in 1900 to mainly degenerative diseases in 2007, together with a lengthy box on HIV/AIDS and another on threats of epidemics in the 21st century

Dying trajectories: differences in their duration (the period of the “living-dying interval, according to Pattison), shape, and predictability

Location of death: changes from death occurring mainly at home in the past to death mainly taking place in public institutions at present

Plus a box comparing data on death-related encounters in the U.S. and Canada

- Six underlying social factors associated with changing encounters with death over the last 100-150 years in the United States:

Industrialization: leading to improvements in food, clothing, housing, communications, and transportation systems

Public health measures: better understanding of disease and its prevention; improvements in basic sanitation and disposal of sewage; provision of safe drinking water

Preventive health care for individuals: vaccination and immunization; advice on healthy diet and exercise; warnings against health-related dangers

Modern cure-oriented medicine: introduction of antibiotics, curative medical procedures, advanced medical technology, and changing ways in which health services are delivered

The nature of contemporary families: nuclear vs. extended families; geographical dispersal of family members

Lifestyle: nearly half of all deaths in the United States currently arise from or are associated with underlying causes that are, in principle, preventable, such as use of tobacco products, eating high

cholesterol and high sugar foods, consumption of alcohol, lack of exercise, misuse of firearms, motor vehicle accidents, and risky sexual behavior

OBJECTIVES

- To begin a portrait of death-related *encounters* in the United States (this pursues the first part of the distinction between death-related *encounters*, *attitudes*, and *practices* set forth in the Introduction to Part Two of **Death & Dying, Life & Living** and **Figure II.1 on p. 18**; attitudes and practices are explored in Chapters 3 and 4.)
- To introduce some typical ways in which death is encountered in contemporary American society
- To describe changing features of mortality patterns in the United States, especially those characterizing the year 1900 vs. those of more recent years (using 2007 as an example, the most recent year for which large-scale mortality data were available as we completed this chapter)
- To identify some underlying social factors that are directly correlated with quality in living and that appear to be at least indirectly related to encounters with death

KEY TERMS AND PHRASES

Average life expectancy: an estimate of the average length of life that can be expected for individuals of a specific group of people

Communicable diseases: diseases that can be transmitted or spread from person to person

Cure-oriented medicine: medical science and health care primarily designed to cure, reverse the course, or halt/slow the advance of disease or other life-threatening conditions

Death attitudes: dispositions, postures; settled tendencies to acting, representing one's feelings or opinions about death; the other component, in addition to encounters and practices, of overall experiences with death

Death rates: the number of individuals in a particular group who die during a particular time period; usually expressed as some number of deaths per 1,000 or per 100,000 persons in the population; also called mortality rates

Degenerative diseases: diseases that typically result from long-term wearing out of body organs, typically associated with aging, life style, and environment

Dying trajectory: the duration and shape of a dying process

Encounters with death: ways in which one confronts or meets up with death; an aspect of experiences with death

Experiences with death: the sum of one's overall death-related encounters, attitudes, and practices

Industrialization: the organization of labor, especially manufacturing, into industries; often involving mechanization versus hand labor

The living-dying interval (according to Pattison): the period between the "crisis knowledge of death" and death itself; divided into acute crisis, chronic living-dying, and terminal phases

Location (or place) of death: the physical location in which death actually occurs

Mortality patterns: typical ways in which one encounters death

Preventive health care: medical and health care primarily designed to prevent or minimize the likelihood of acquiring disease or putting one's life at risk

Public health measures: community actions to protect or improve the health of the society's measures, e.g., to combat threats posed by communicable diseases, provide safe drinking water, and dispose of sewage, garbage, and other contaminants

SELECTED INTERNET SEARCH TERMS: average life expectancy; communicable diseases; cure-oriented medicine (or "curative care"); death encounters (or "death-related encounters" or "encounters with death"); death rates (or "mortality rates"); degenerative diseases; dying trajectories; family (size/structure); industrialization; infant mortality rates; lifestyle; the living-dying interval; maternal mortality rates; location (or "place") of death; preventive health care; public health measures

SELECTED ORGANIZATIONAL AND OTHER INTERNET SITES:

General resources:

American Cancer Society; www.cancer.org

Centers for Disease Control and Prevention; www.cdc.gov

Centers for Disease Control and Prevention, Injury Prevention & Control: Data & Statistics (Web-based Injury Statistics Query and Reporting System); www.cdc.gov/injury/wisqars

Dartmouth Health Atlas; www.dartmouthatlas.org

National Center for Health Statistics (NCHS); www.cdc.gov/nchs

National Safety Council; www.nsc.org

Statistics Canada; www.stat.can.gc.ca

U.S. Census Bureau; www.census.gov

World Health Organization; www.who.int/en

Resources specifically concerned with HIV/AIDS:

AIDS Education Global Information System (AEGIS); www.aegis.com

American Foundation for AIDS Research; www.amfar.org

Canadian AIDS Society; www.cdnaids.ca

Canadian HIV/AIDS Clearinghouse; www.cpha.ca

Centers for Disease Control and Prevention; www.cdc.gov/hiv

Centers for Disease Control and Prevention, National HIV & STD Testing Resources; www.hivtest.org

Elizabeth Glaser Pediatric AIDS Foundation; www.pedaids.org

HIV/AIDS Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services; www.hab.hrsa.gov

National AIDS Clearinghouse; www.cdcnpin.org

National Association of People with AIDS; www.napwa.org

National Association on HIV Over Fifty; www.hivoverfifty.org

National Minority AIDS Council; www.nmac.org

National Native American AIDS Prevention Center; www.nnaapc.org

UNAIDS; www.unaids.org

SUGGESTED DISCUSSION TOPICS

We emphasize three main points in Chapter 2: (1) we begin portraying the changing face of *encounters* with death in our society as part of a larger description of American *experiences* with death; (2) we set those changes within their historical and social context; and (3) we identify six factors or social variables associated with these changes in encounters with death. If you have time and expertise, you can supplement the contents of the sixth edition of **Death & Dying, Life & Living** with additional comparisons to death-related encounters in the American past, broader cross-cultural materials, and more detailed analyses of other societies.

SUGGESTED ACTIVITIES

Activities ##1 & 2: See p. 36 in this **Instructor's Manual**.

Activity #3: Aspects of Death-Related Encounters

- a. Create small groups of at least 5-6 participants
- b. Assign each group an aspect of death-related encounters in our society, such as death rates, average life expectancy, causes of death, dying trajectories, location of death
- c. Discuss the nature of the chosen aspect
- d. Choose a reporter to share results of each discussion with the class as a whole

Activity #4: Student Encounters with Death

- a. Create small discussion groups of 5-6 participants
- b. Allow each group to choose a death-related encounter with which they are familiar, such as an accidental death
- c. Analyze the nature of that death: age, gender, race or ethnicity of the person who died, manner of death, cause of death, dying trajectory, location of death
- d. Choose a reporter to share results of each discussion with the class as a whole

Activity #5: Factors that Have Influenced Death-Related Encounters in Our Society during the Last 100 Years

- a. Create small groups of at least 5-6 participants
- b. Assign each group one of the major factors that have influenced death-related encounters in our society during the past 100 years, such as industrialization
- c. Discuss the nature of the assigned factor
- d. Choose a reporter to share results of each discussion with the class as a whole

MULTIPLE-CHOICE QUESTIONS

(Note: Our directions to students for multiple-choice questions are, "Select the best answer from among the options provided." Items marked "WWW" are posted on the companion website for this book at www.cengagebrain.com to use as practice quizzes.)

1. Death-related experiences include which of the following:

- a. death-related practices
- b. encounters with death
- c. attitudes toward death
- * d. all of these
- e. none of these

(pp. 17-18)WWW

2. Encounters with death can be studied by looking at
- a. death rates
 - b. average life expectancy
 - c. deaths caused by communicable diseases
 - d. dying trajectories
 - * e. all of these (p. 19)
3. The crude or unadjusted death rate for males in the United States in 2007
- * a. was 8.1 per 1,000
 - b. nearly 50 percent higher than the comparable rate for females
 - c. reached a new low of 760.2 deaths per 100,000
 - d. was significantly lower than the comparable rate for females
 - e. none of these (p. 19)
4. The vignette near the beginning of Chapter 2 explained that Bryan Lee Curtis wanted to:
- a. support smoking cigarettes as a personal choice
 - b. provide people with information about the dangers of smokeless tobacco use
 - c. teach people how to die
 - * d. change personal attitudes, behaviors, and values related to smoking cigarettes
 - e. leave behind a happy legacy for his wife and son (p. 20)
5. During the year 2007, approximately how many males died in the United States?
- * a. just over 1.2 million
 - b. approximately 2.4 million
 - c. 750,000 thousand
 - d. 13.4 million
 - e. 6 million (p. 21)
6. Death rates
- a. indicate how long a typical person in a society is likely to live
 - b. are inversely related to the number of deaths that occurred in a specific society
 - * c. reflect the number of people in a specific group who die during a particular time period
 - d. all of these
 - e. none of these (p. 22)WWW
7. The overall, age-adjusted death rate for the United States in 2007
- a. reached a record-low historical figure
 - b. represented a decrease of 2.1 percent from the 2006 rate
 - c. was 760.2 deaths per 100,000 standard population
 - * d. all of these
 - e. none of these (p. 22)
8. During the year 2007 in the United States, there were
- * a. more than 2.4 million deaths
 - b. just over 1.6 million deaths
 - c. nearly 10 million deaths
 - d. approximately 5 million deaths
 - e. 188 million deaths (p. 22)
9. Death rates
- * a. can only be determined accurately when a society keeps adequate birth and death rates
 - b. are equivalent to the total number of deaths in a society
 - c. cannot easily be determined on any basis other than gender
 - d. by themselves can provide a good picture of the numbers of aged people in a society
 - e. none of these (p. 22)

10. In many poor and not well-organized societies today,
a. statistical accuracy concerning death rates must give way to imprecise estimates
b. a fund of accurate demographic statistics is not available
c. demographic statistics derive from birth, death, and census records
* d. all of these
e. none of these (p. 22)
11. Death rates in the United States are or have been lowest for
a. males in 1900
b. males in 2007
c. females in 1900
* d. females in 2007
e. none of these (pp. 22-23)
12. From 1900 to 2007 in the United States, overall death rates dropped from 17.2 deaths per 1,000 to
a. 15.5 per 1,000
b. 9.2 per 1,000
* c. 8.0 per 1,000
d. 6.5 per 1,000
e. 5.9 per 1,000 (p. 23)
13. From 1900 to 2007 in the United States, overall death rates
a. decreased by about 25 percent
* b. decreased by over 50 percent
c. increased by approximately 10 percent
d. increased by about 30 percent
e. none of these (p. 23)WWW
14. In the United States in 1900,
* a. death rates were significantly higher than they are today
b. women had higher death rates than males
c. members of lower socioeconomic classes tended on average to have lower death rates than members of middle and upper socioeconomic classes in our society
d. children had lower death rates than they do today
e. parents seldom experienced the death of a child (p. 23)
15. Changes in American death rates can be revealed
a. by studying death rates among specific American populations, such as gender groups or socio-economic classes
b. by comparing death rates in different age groups in the society
c. by observing alterations in infant mortality rates over time
* d. all of these
e. none of these (p. 24)
16. In 1900 overall death rates for infants (newborns and children under 1 year of age) in the United States were
a. roughly equal to those similar rates in 2007
b. approximately 10 times higher than similar rates in 2007
c. 17 times higher than similar rates in 2007
* d. nearly 24 times higher than similar rates in 2007
e. nearly 50 times higher than similar rates in 2007 (p. 25)

17. In the United States in 2007, the deaths of 548 pregnant women and women in the process of giving birth or immediately after childbirth led to a maternal mortality rate of
- a. 3.3 per 100,000 live births
 - b. 7.1 per 100,000 live births
 - * c. 12.7 per 100,000 live births
 - d. 608 per 100,000 live births
 - e. none of these
- (p. 25)
18. Average life expectancy
- a. is originally and most rapidly increased by decreasing the number of deaths in the early years of life
 - b. is inversely correlated with death rates
 - c. is exceeded by some individuals and not achieved by others
 - * d. all of these
 - e. none of these
- (pp. 26-27)
19. In the United States, average life expectancy
- a. is likely to continue to increase at the same rate it did in the early parts of the 20th century
 - b. increased more rapidly between 1950 and 1999 than it did between 1900 and 1950
 - c. increased throughout the twentieth century primarily due to advances in medical technology
 - d. all of these
 - * e. none of these
- (pp. 26-27)
20. Projected average life expectancy for all individuals born in the United States in 2007 was
- a. 67.8 years
 - * b. 77.9 years
 - c. 79.9 years
 - d. 82.3 years
 - e. none of these
- (p. 26)
21. Projected average life expectancies for all individuals born in the United States in 2007
- a. decreased slightly for white and black females
 - b. showed an expansion of the racial differential between the white and black populations
 - * c. reached a record high for white and black males
 - d. all of these
 - e. none of these
- (p. 26)
22. In terms of the biblical promise of "three score and ten" years (that is, 70 years), average human life expectancy in the United States
- a. exceeded that figure early in the 20th century
 - * b. surpassed that figure during the latter portion of the 20th century
 - c. did not reach that figure until the first few years of the 21st century
 - d. has not yet achieved that figure
 - e. is a limit that no individual can surpass
- (p. 27)
23. Leading causes of death in the United States around 1900 were
- * a. communicable diseases
 - b. degenerative diseases
 - c. chronic diseases
 - d. all of these
 - e. none of these
- (p. 28)

24. Communicable diseases often produce the following symptoms:
- a. diarrhea and sudden, unanticipated deaths
 - * b. vomiting, nausea, and fever
 - c. those that develop slowly over time but often go unnoticed until they result in a sudden, unanticipated death
 - d. the slow, long-term wearing out of bodily organs
 - e. none of these
- (p. 27)
25. In the world today, relatively few people in developed countries die of communicable diseases, with the exception of
- a. accidents
 - * b. influenza and pneumonia, septicemia, and infection by the human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS)
 - c. venereal disease
 - d. tuberculosis
 - e. cirrhosis
- (p. 28)
26. The leading cause of deaths in the U.S. in 2007 was
- a. cancer
 - b. accidents
 - c. homicide
 - d. suicide
 - * e. diseases of the heart
- (pp. 28 & 31)
27. The second leading cause of death in the U.S. in 2007 was
- * a. cancer
 - b. cerebrovascular diseases
 - c. chronic obstructive pulmonary disease
 - d. diseases of the heart
 - e. cerebrovascular diseases
- (pp. 28 & 31)
28. The three leading causes of death in the U.S. in 2007 were
- a. cancer, diseases of the heart, diabetes
 - b. human immunodeficiency virus (HIV) infection, cancer, suicide
 - c. diseases of the heart, cancer, accidents
 - d. cerebrovascular diseases, cancer, and chronic obstructive pulmonary disease
 - * e. cerebrovascular diseases, diseases of the heart, and cancer
- (pp. 28 & 31)
29. A common factor found in persons with AIDS is
- * a. immune system dysfunction
 - b. dementia
 - c. *pneumocystis carinii* pneumonia
 - d. hemophilia
 - e. Kaposi's sarcoma
- (p. 29)
30. HIV infection and AIDS
- a. are the same thing
 - * b. are related as cause to effect
 - c. are related as effect to cause
 - d. seldom occur at the same time
 - e. always occur together
- (pp. 29-30)

31. You learn that a person with whom you have had unprotected sex during the past month has been diagnosed as infected with HIV. You immediately have yourself tested and the results are negative for HIV infection. This means
- a. you are not infected with the HIV at this time
 - b. you are not a carrier of the HIV and cannot pass the infection onto others
 - c. you do not need to have further HIV testing (unless you engage in additional unprotected sex with someone who is HIV positive)
 - d. all of these
 - * e. none of these
- (p. 30)WWW
32. In 2009, reliable sources estimated that the number of persons newly infected or living with HIV disease around the world was
- a. 4.9 million
 - b. just under 27.9 million
 - c. over 33.2 million
 - * d. nearly 40 million
 - e. 75.6 million
- (p. 30)
33. The leading cancer cause of death for American males is
- a. prostate cancer
 - b. colon and rectal cancer
 - * c. lung and bronchial cancer
 - d. pancreatic cancer
 - e. none of these
- (pp. 33 & 34)
34. The leading cancer cause of death for American females is
- a. prostate cancer
 - b. colon and rectal cancer
 - * c. lung and bronchial cancer
 - d. pancreatic cancer
 - e. none of these
- (pp. 33 & 34)
35. The dying trajectory
- * a. of communicable diseases is often shorter than that of degenerative diseases
 - b. is unusually similar in both degenerative and communicable diseases
 - c. can often be more easily foreseen or predicted in degenerative diseases than in communicable diseases
 - d. all of these
 - e. none of these
- (p. 35)
36. Diseases with patterns of gradually losing control over one's bodily functions and mental capacities are most likely to be
- a. communicable diseases with a long dying trajectory
 - b. communicable diseases with a short dying trajectory
 - * c. degenerative diseases with a long dying trajectory
 - d. degenerative diseases with a short dying trajectory
 - e. none of these
- (p. 35)
37. Most deaths in contemporary American society occur
- * a. in some sort of health-care institution
 - b. in a long-term care facility
 - c. in the home
 - d. in the presence of family caregivers
 - e. none of these
- (pp. 37-38)

38. The earliest and most important factor associated with reduced death rates in the United States was
- a. modern cure-oriented medicine
 - * b. industrialization
 - c. preventive health care for individuals
 - d. changes in the structure of contemporary families
 - e. public health measures
- (p. 39)WWW
39. Which of the following is an example of public health measures that helped reduce death rates in the United States?
- a. better communication and transportation systems
 - b. changing attitudes toward death
 - c. advanced medical technology
 - * d. improvements in basic sanitation and disposal of sewage
 - e. better food, clothing, and housing
- (pp. 40-41)
40. Which of the following has the greatest influence on encounters with death in our society today?
- a. safe driving techniques
 - b. firearms
 - c. risky sexual behavior
 - d. illicit drug use
 - * e. diet and physical activity patterns
- (pp. 42-43)

SHORT ANSWER QUESTIONS

41. What is the difference between "death rates" and "average life expectancy"? How are the two related? (pp. 22-27)
42. How did infant death rates and maternal mortality rates change in the U.S. during the twentieth century? (pp. 25-26)
43. What is the difference between a communicable and a degenerative disease. Give an example of each. (pp. 27-33)
44. Dying trajectories are characterized by two principal features. Identify and briefly explain these two features. (pp. 33-36)
45. Where do most Americans now die in our society? Why? (pp. 36-39)

ESSAY QUESTIONS

46. Chapter 2 describes changing encounters with death. What does it mean to speak of an "encounter" with death as that term is defined in the chapter? What are some of the principal features of encounters with death set forth in this chapter? Identify, explain, and give an example of any three (3) features that might be included in a description of any society's encounters with death. (pp. 19-47)
47. Encounters with death in American society are said in Chapter 2 to have changed greatly over the past 100-150 years. Describe three (3) ways in which such encounters have changed. Be specific and take care to show exactly what such encounters were like in the past and how they are now. (pp. 19-47)

48. Compare and contrast death rates in American society in 1900 with those in 2007. Add to this comparative portrait by showing how such rates differ by gender and by age. (pp. 22-24)
49. What is the difference between public health measures, preventive health care, and cure-oriented medicine and how has each of these helped to change encounters with death in our society? (pp. 40-42)
50. How have the nature of contemporary families and lifestyle behaviors affected encounters with death in our society? Be specific in explaining and influence of each of these factors and give examples of each. (pp. 42-44)

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